



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lichtenhan et al.

Attorney Docket: 38559-0282003

Serial No.: 09/747,762

Art Unit:

Filed: December 21, 2000

Examiner:

For: POLYHEDRAL OLIGOMERIC -SILSESQUIOXANES, -SILCATES AND -  
SILOXANES BEARING RING-STRAINED OLEFINIC FUNCTIONALITIES

MAIL STOP MISSING PARTS

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

## PETITION FOR EXTENSION OF TIME

1. Applicant is a small entity.

## EXTENSION OF TIME

2. (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/>	two months	\$ 420.00	\$210.00
<input type="checkbox"/>	three months	\$ 950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$740.00
<input type="checkbox"/>	five months	\$2,010.00	\$1,005.00

Fee \$210.00

If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$210.00

## CERTIFICATION UNDER 37 C.F.R. 1.10

I, Diana Dearing, hereby certify that this correspondence and the documents referred to as attached hereto are being deposited with the United States Postal Service on 10-23, 2003, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EV342545205US addressed to Mail Stop Missing Parts, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

10/29/2003 DTESSEM1 00000101 09747762

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210.00 OP

## FEE FOR CLAIMS

3. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	8	MINUS	=	0	x 9 =	\$ 0		x18 =
INDEP.		MINUS	=		x 40 =	\$		x80 =
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + 135 =			\$	+270	\$			
				TOTAL ADD'L FEE \$ 0		OR		TOTAL ADD'L FEE \$

- (a) ☒ No additional fee for claims required.  
 (b) ☐ Total additional fee for claims required \$ .

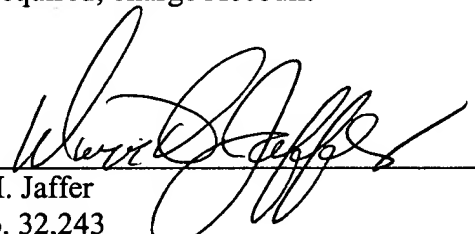
## FEE PAYMENT

4. ☒ Attached is a check in the sum of \$210.00.  
☐ Charge Account No. 03-3975 the sum of \$ .  
 A duplicate of this transmittal is attached.

## FEE DEFICIENCY

5. ☒ If any additional extension and/or fee is required, charge Account No. 03-3975.

Date: October 23, 2003

  
 \_\_\_\_\_  
 David H. Jaffer  
 Reg. No. 32,243  
 Customer No. 27498

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